

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Form RF-1
Rev. 3/98

Insurer Name: **USAA General Indemnity Company**
 NAIC Number: 200-18600
 Name of Advisory Organization Whose Filing You are Referencing N/A
 Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser
 Reference Filing #: Proposed Effective Date: 02/01/2006

Contact Person: Kathy Blair, CPCU
 Signature: Kathy Blair
 Telephone No: 800-531-8722, ext 82575

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Bodily Injury	N/A	-0.9					
Medical Payments	N/A	0.0					
Uninsured Motorists	N/A	0.0					
Property Damage	N/A	-1.5					
Comprehensive	N/A	0.0					
Collision	N/A	-7.3					
TOTAL OVERALL EFFECT		-2.3%					

N Apply Lost Cost Factors to Future Filings? (Y or N)
6.0% Estimated Maximum Rate Increase for any Arkansas Insured (%)
-7.0% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Selected Provisions

		Rate Change History							
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	
00	231	2.2	01/31/03	507	212	41.8%	N/A	B. General Expense	
01	347	-3.4	02/06/04	738	439	59.6%	N/A	C. Taxes, License & Fees	
02	472	-4.1	10/31/04	953	523	54.9%	N/A	D. Underwriting Profit & Contingencies	
03	572	-0.9	07/03/05	1,332	651	48.9%	N/A	E. Other (explain)	
04	535	0.0	07/04/05	1,298	698	53.8%	N/A	F. TOTAL	